

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

FIGURE NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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14						
15		2				
16		2				
17	1		1			
18		2				
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50						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←	18	←		←	
TOTAL CLAIMS		20				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						